

FORM 1		ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		NJ D065815771	
Consolidated Permits Program		(Read the "General Instructions" before starting.)		3 D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY					
1 SKIP ALCAN INGOT & POWDERS					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 DAVER, EDUL - PLANT MANAGER			201 353 4600		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 290					
B. CITY OR TOWN					
4 ELIZABETH					
C. STATE					
NJ					
D. ZIP CODE					
07207					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 901 LEHIGH AVENUE					
B. COUNTY NAME					
UNION					
C. CITY OR TOWN					
UNION					
D. STATE					
NJ					
E. ZIP CODE					
07083					
F. COUNTY CODE (if known)					



**VII. SIC CODES** (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

**C. STATUS OF OPERATOR** (Enter the appropriate letter into the answer box; if "Other", specify.)

F. STREET OR P.O. BOX

26		F. CITY OR TOWN	
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## X. EXISTING ENVIRONMENTAL PERMITS

15	16	17	18
<b>B. UIC (Underground Injection of Fluids)</b>			

C. RCRA (*Hazardous Wastes*)

## XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

A. NAME &amp; OFFICIAL TITLE (type or print)

**B. SIGNATURE**

C. DATE SIGNED
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11-5-8d

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80)

REVERSE



U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)																																																																																								
FORM 3 RCRA					I. EPA I.D. NUMBER					T/A C																																																																														
FOR OFFICIAL USE ONLY					COMMENTS																																																																																			
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)																																																																																			
23					24					29																																																																														
<b>II. FIRST OR REVISED APPLICATION</b>																																																																																								
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																								
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<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																																								
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																																								
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																																								
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<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																																																																																								
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																																								
<b>III. PROCESSES - CODES AND DESIGN CAPACITIES</b>																																																																																								
<b>A. PROCESS CODE</b> - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																								
<b>B. PROCESS DESIGN CAPACITY</b> - For each code entered in column A enter the capacity of the process.																																																																																								
1. AMOUNT - Enter the amount.																																																																																								
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																								
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<b>EXAMPLE FOR COMPLETING ITEM III</b> (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																								
S C T/A C 1																																																																																								
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**III. PROCESSES** (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS..... P  
TONS..... T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS..... K  
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W N J D 0 6 5 8 1 5 7 7 1 3 1															W DUP 3 2 DUP									
1 2 13 14 15															1 2 13 14 15 23 26									

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D 0 0 1	335,000 000	P	S 0 1	S 0 2														
2	D 0 0 3	200,000 000	P	S 0 1	S 0 2														
3	D 0 0 0	3,000 000	P	S 0 1															
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## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F6: <sup>A</sup>55 F6: <sup>A</sup>56

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	6	5	8	1	5	7	7	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

40 40 570

LONGITUDE (degrees, minutes, &amp; seconds)

074 14 330

## VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

ALCAN ALUMINUM CORPORATION

2. PHONE NO. (area code &amp; no.)

2 1 6 - 5 2 3 - 6 8 0 0

3. STREET OR P.O. BOX

100 ERIEVIEW PLAZA

4. CITY OR TOWN

CLEVELAND

5. ST.

OH

6. ZIP CODE

4 4 1 0 1

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

M. Groves

B. SIGNATURE

C. DATE SIGNED

11/5/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

P. Ortleb

B. SIGNATURE

C. DATE SIGNED

11/6/80

**V. FACILITY DRAWING** (see page 4)





Alcan Ingot and Powders  
Division of Alcan Aluminum Corporation



Box 290, Elizabeth, New Jersey 07207, Phone: 201-353-4600, Cable: Alcanpowdrs Union N J

Dec. 9, 1980

*Part A*  
*done 12/31 of amendment*  
*NJID 065815771*

EPA Region II  
Information Service Center  
26 Federal Plaza  
New York, N. Y. 10007

Dear Sir:

On Nov. 5, 1980, Alcan Ingot and Powders, located at 901 Lehigh Ave., Union, N. J. 07083, submitted EPA Form 3510-1 (6-80) describing its hazardous wastes.

A typographical error exists on Page 3 of 5. Please change line No. 3 of IV "Description of Hazardous Waste," from:

D004                      3,000                      P                      S01

to:

D000                      3,000                      P                      S01

This waste meets the definition of EP Toxicity and varies with hazardous waste stream.

Please amend our notification- Part A, to reflect this change.

Very truly yours,

Harry E. Bell  
Technical Manager  
Pigments & Powders

HEB:dc









# Alcan Ingot and Powders

Division of Alcan Aluminum Corporation



Box 290, Elizabeth, New Jersey 07207, Phone: 201-353-4600, Cable: Alcanpwdrs Union N J

## LIST NO. 1

### PSD (AIR EMISSIONS FROM PROPOSED SOURCES)

<u>CT. NO.</u>	<u>CT. NO.</u>
2017	31422
2471	31423
3034	32195
3396	34709
3502	34710
15732	34711
15773	18816
15774	39784
13698	40484
18699	37829
19919	42532
31421	42997

<u>PERMIT NO.</u>	<u>CT.NO.</u>
2814	2017
3356	2471
3787	3396
3788	3034
4789	3502
13681	13736
15732	15732
15773	15773
15774	15774
17387	17387
18698	18698
18699	18699
18816	18816
19919	19919
31421	31421
31423	31423
13994	12870







7510	7510
7511	7511
7512	7512
7513	7513
7514	7514
7515	7515
7516	7516
7517	7517
7518	7518
7519	7519
7520	7520
7521	7521
7522	7522
7523	7523
7524	7524
7525	7525
7526	7526
7527	7527
7528	7528
7529	7529
7530	7530

7531 7531

7531	7531
7532	7532
7533	7533
7534	7534
7535	7535
7536	7536
7537	7537
7538	7538
7539	7539
7540	7540
7541	7541
7542	7542
7543	7543
7544	7544
7545	7545
7546	7546
7547	7547
7548	7548
7549	7549
7550	7550

7551 7551

7552 7552

7553 7553

7554 7554

7555 7555

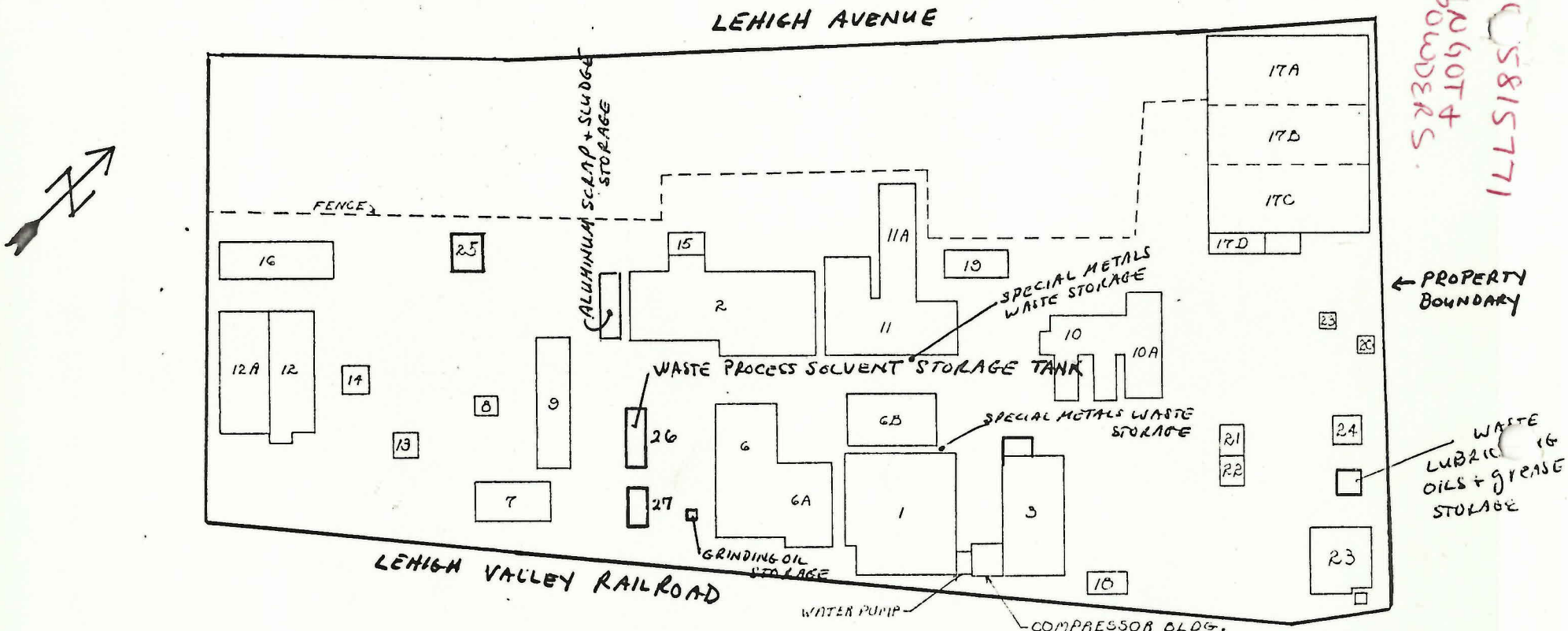
CORRECT AS OF 10/20/80

LAT. 74°-14'-33"  
LONG. 40°-40'-57"

BY P.M.S. DATE \_\_\_\_\_  
CHKD BY \_\_\_\_\_ DATE \_\_\_\_\_  
SHEET NO. 1 OF 1  
JOB NO. \_\_\_\_\_

SUBJECT ALCAN METAL POWDERS  
901 LEHIGH AVE. UNION N.Y.  
BUILDING LAYOUT

ALCAN POWDERS  
N5DC 5815771

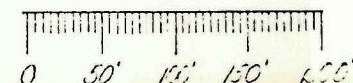


1 - SOFT METALS  
2 - WAREHOUSE  
3 - WATER ATOMIZED CU.  
4 - WATER PUMP HOUSE  
5 - PROPANE VAPORIZER  
6 - AL. PASTE  
6A - " "  
6B - MIXER BLDG.  
7 - AL. ATOMIZING

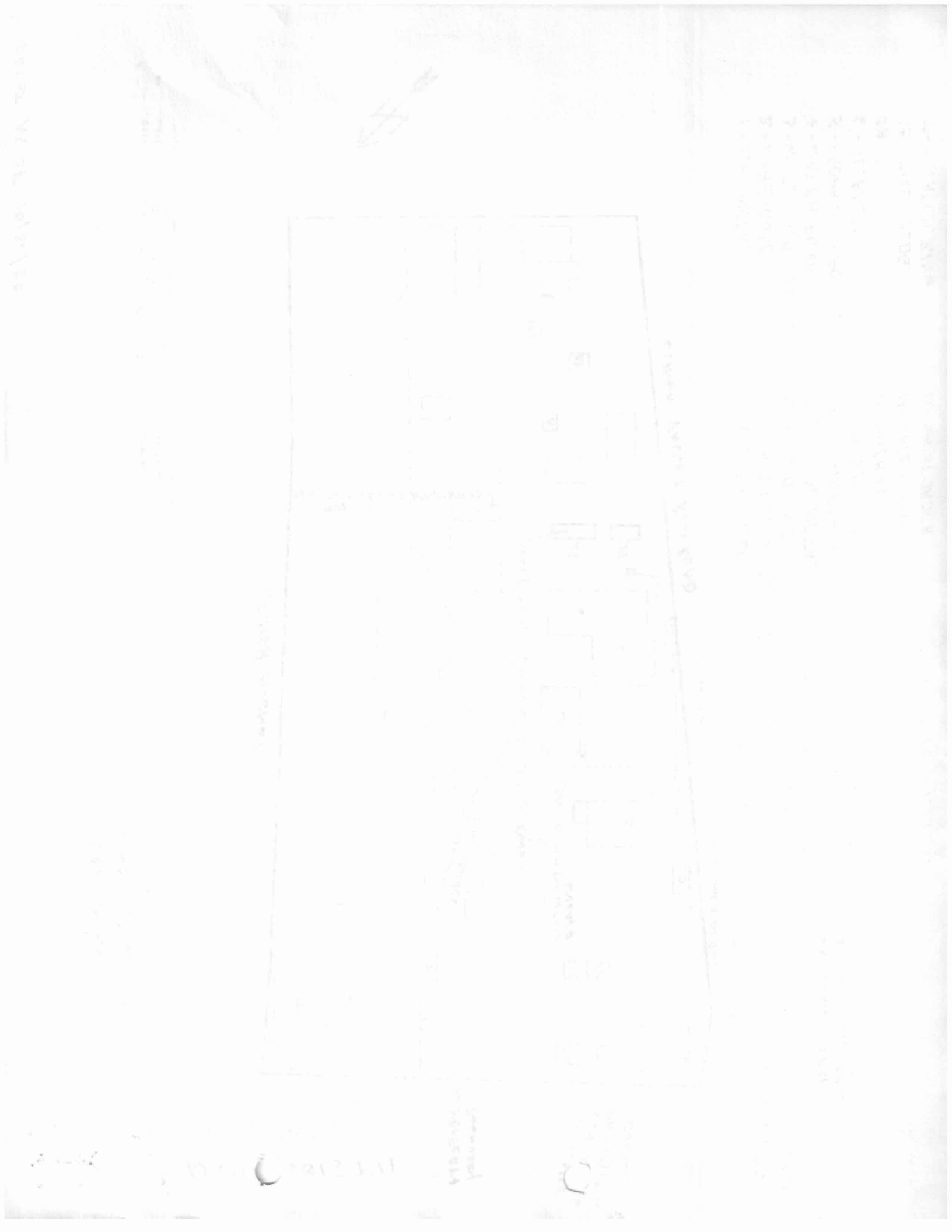
8 - STORAGE BLDG  
9 - AL. ATOMIZING STORAGE  
10 - MAIN OFFICE  
11 - SPECIAL METALS  
11A - ENGINEERING  
12 - GOLD BRONZE  
13 - MIXER BLDG.  
14 - WATER PUMPS  
15 - SHORT ORDER

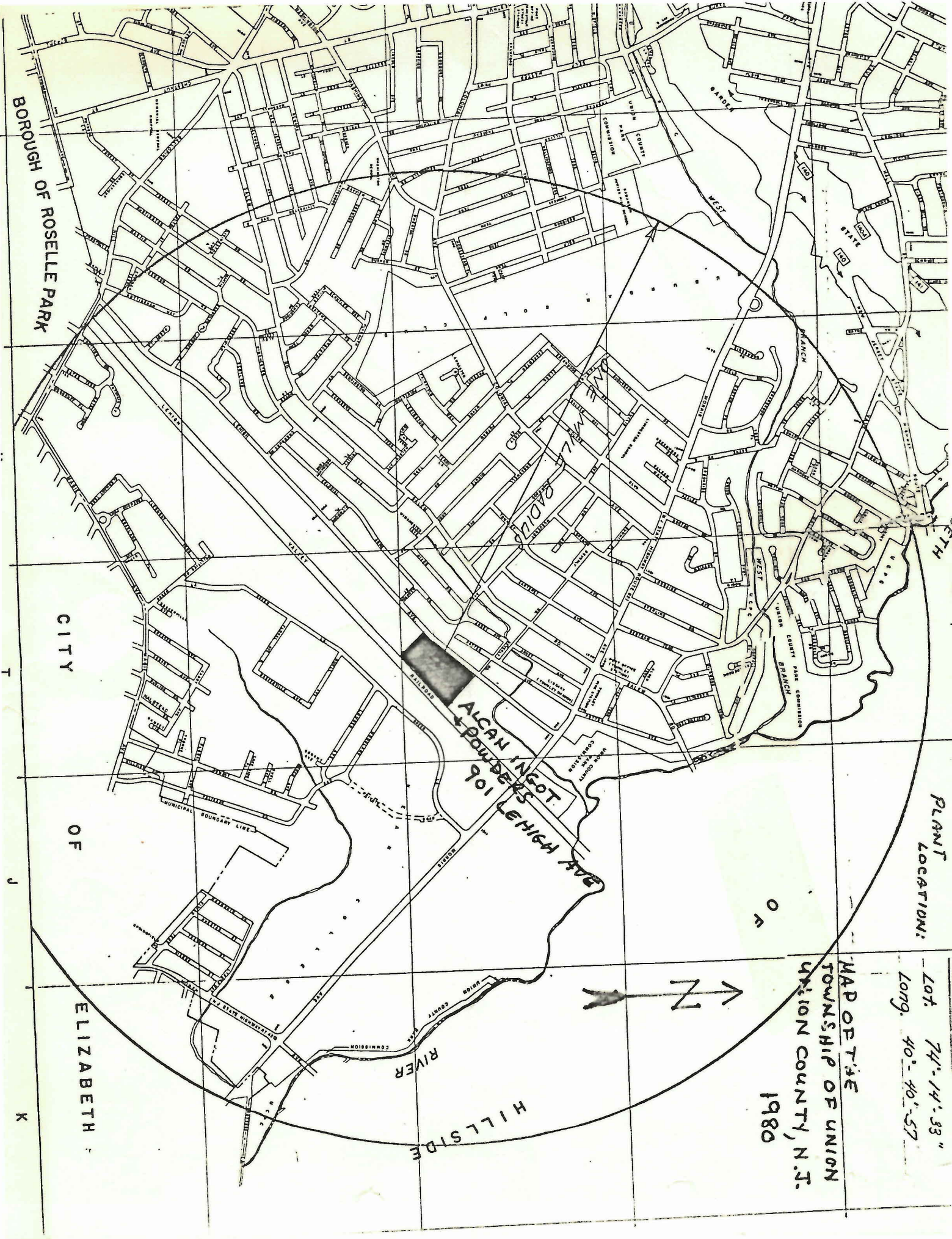
16 - GOLD BRONZE  
17A - LAB  
17B - R.X. MACHINES  
17C - FILTER POWDER  
17D - AJAX FURNACE  
18 - ELECTRICAL CONTROLS  
19 - PERSONNEL  
20 - AL. LEAD ATOMIZING  
21 - COMPRESSOR BLDG.

22 - STORAGE  
23 - MAINTENANCE BLDG  
24 - SCREEN FOR AL. LEAD  
25 -  
26 - TANK FARM  
27 - PROPANE TANK  
SCALE









BOROUGH OF ROSELLE PARK

CITY

OF

ELIZABETH

HILLSIDE RIVER

ALCAN IN GOT 901 LEHIGH AVE



O.P.

MAP OF THE  
TOWNSHIP OF UNION  
UNION COUNTY, N.J.  
1980

PLANT  
LOCATION:

Lot. 74°-14'-33"  
Long. 40°-40'-57"









